

George Thorne, MD
K. Randy Pierce, MD
Mark Plunkett, MD
Dawn Buckingham, MD



James McNabb, MD
Peter Wollan, MD
Eric Dai, MD

Consent to Treat Minors

In my absence, I authorize _____ M.D. and staff to evaluate and treat, _____, a minor child, that in his/her judgment, the Physician determines advisable for the child's well being.

Parent / Guardian Signature _____ Date _____

*Witness Signature _____ Date _____

*If parent or guardian is giving verbal authorization over the telephone, a second witness should be documented.